



Arizona Department of Water Resources

Well Impact Waiver

10 Feet of Additional Drawdown

The undersigned is the registered owner (or an authorized representative of the owner) of a well that has been assigned well registration number 55- _____

Registered Well Owner: _____

Cadastral Location: _____ Impacted Well Street Address: _____

as reflected in the Arizona Department of Water Resources (ADWR) well registration records. The undersigned hereby acknowledges the following:

1. _____ ("Applicant") ☐ has filed or ☐ intends to file an Application for a Permit to Drill or Operate a Non-Exempt Well Within an Active Management Area ("Application").

Registry Number (if assigned): 55- _____

Cadastral Location: _____

New Well Street Address: _____

If the Application has not yet been filed with ADWR, a copy of the Application is attached.

2. ADWR or the Applicant has performed a well impact analysis utilizing the proposed maximum annual withdrawal volume(s) reflected in the Application in accordance with A.R.S. § 45-599 or 45-834.01. Based on this analysis, which considers only withdrawals from the proposed well or wells identified in the Application ("Proposed Well(s)") at the withdrawal rate(s) set forth in the Application, ***the impact on the undersigned's well will likely be greater than ten (10) feet of additional drawdown after the first five (5) years of withdrawals from the Proposed Wells(s).*** ADWR considers this to be an unreasonable impact.
3. The undersigned also understands that additional drawdown may occur at the undersigned's well referenced above during the same five-year period as a result of the undersigned's own withdrawals and withdrawals from other wells, and in fact drawdown at the undersigned's well may currently exceed ten (10) feet over a five-year period.

Notwithstanding the preceding, the undersigned hereby consents to the withdrawal of water from the Proposed Well(s) at the location(s) identified in the Application and at withdrawal rate(s) equal to or less than the maximum annual volume(s) set forth in the Application. The undersigned waives any impacts from the Proposed Well(s) at the proposed maximum annual withdrawal volume(s) set forth in the Application.

Signature of Well Owner (or authorized representative)

Date

Printed Name and Title

STATE OF ARIZONA)
)SS.
County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____

Notary Public